



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
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TEL: 587-0460 FAX: 587-0470  
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Loy	Robert	L	593-0300
MAILING ADDRESS (Street)			FAX
1314 So King St. Ste 306			593-0525
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Na Leo Pohai	593-0300	
MAILING ADDRESS (Street)	FAX	
1314 So King St. Ste 306	593-0525	
(City)	(State)	(Zip Code)
Honolulu	HI	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Robert Loy		593-0300
MAILING ADDRESS (Street)		FAX
1314 So King St. Ste 306		593-0525
(City)	(State)	(Zip Code)
Honolulu	HI	96814

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Education                                  | <input type="checkbox"/> Human Services  | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities        | <input checked="" type="checkbox"/> Government Operations & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs                           | <input type="checkbox"/> Labor & Employment  | <input checked="" type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation                | <input type="checkbox"/> Health                                     | <input checked="" type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below) _____                         |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                                    | <input type="checkbox"/> Public Safety & Corrections                                   | _____  |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

*Lehua Long*  
(Signature of Lobbyist)

*1/9/06*  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

*MARY Steiner*

*CEO EX. DIR*

NAME OF ORGANIZATION (if applicable)

*Na Leo Poha*

TELEPHONE

*593-0300*

MAILING ADDRESS (Street)

*1314 So King St. Ste 306*

FAX

*593-0525*

(City)

*Honolulu*

(State)

*HI*

(Zip Code)

*96814*

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

*Mary Steiner*  
(Signature of Authorizing Officer or Person Represented)

*1/9/06*  
(Date)